· ·									Application or Docket Number				
	PATENT APPLICATION FEE DETERMINATION RECORD												
Effective October 1, 2003										34	4-797		
CLAIMS AS FILED - PART I (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			31					RATE	FEE		RATE.	FEE.	
FOR .			NUMBER FILED		NUMBER EXTRA			Basic Fee	385.00	OR	Basic fee	770.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20=		• ((X\$ 9=	99	OR	X\$18=		
INDEPENDENT CLAIMS			a minus 3 =		· Ù			X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT			Ō		+145=		OR	+290=		
• 11	the difference	in column 1 is	ess than zero, enter "0" in column 2				Į	TOTAL	484	OR	TOTAL		
·									1701	J •···	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	31	Minus	· (3)	1			X\$ 9=	h .	OR	X\$18=		
	Independent	. 62	Minus	 (3	•	-/		X43=			X86=		
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA							.146		1	+290=		
1.11								+145=	/	OR	TOTAL		
2/24/05 . (Column 3)								DDIT. FEE		OR,	ADDIT. FEE		
_		(Column 1)		(Colun		(Column 3)	r		4001	1		4001	
AMENOMENT B		REMAINING AFTER AMENDMENT		NUMI	BEA DUSLY .	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	(2	3/ .	- \ / ;		X\$ 9=	$\hat{}$	OR	X\$18=		
	independent	• /	Minus	(3	· ×		X43=		OR	· X86=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT	CLAIM		1	+145=	/	OR	+290=		
								TOTAL	- , - ,	00	TOTAL	•	
								DDIT. FEE		,	ADOIT, FEE		
÷		(Column 1) CLAIMS		(Colun		(Column 3)	-	· ————————————————————————————————————		1		4000	
AMENDMENT C.		REMAINING AFTER AMENDMENT		NUM! PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	8		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***				X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR TOTAL													
-	I the "Highest Nu	mber Previously Pa	id For IN THE	S SPACE IS	less tha	n 20, enter "20."	A	TOTAL DOIT, FEE	· ·	OR ,	TOTAL LOOIT, FEE		
	il the "Highest Nu The "Highest Nutt	mber Previously Pain ber Previously Pain	no For (Total o	o brace i Independe	s 1655 018 901) is the	n 3, enter 3. highest numbe	r four	nd in the app	propriate box	tn cot	umn 1.		